Combined Declaration	Power of Attorney	ATTORNEY DOCKET											
As below named inventor, I hereby declare that:													
My residence, post office address and citizenship are as stated below next to my name,													
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed													
below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
METHOD FOR LAMINATING OVERLAYS TO VERIFY PRINTING PLATES													
The specification of which (check only one item below):													
is attached hereto.													
was filed as United States Application Serial No. on and													
was amended on (if applicable).													
was filed as PCT international application Number on and was amended under PCT Article 19 on (if applicable).													
I hereby state that I have reviewe	ed and understand	the contents of the	above	-identified specification, i	ncluding the	claims, a	as amended l	y any an	endment				
referred to above.			.~										
I acknowledge the duty to disclo 37, Code of Federal Regulations,		ent & Trademark O	ince :	all information known to i	me to be mat	tenal to p	patentability	as define	d in Title				
I hereby claim foreign priority be		35, United States (Code,	§119 of any foreign applic	cation(s) for	patent or	inventor's c	ertificate	or of any				
PCT international application(s)	designating at lea	st one country othe	r than	the United States of Ame	rica listed be	low and	have also id	entified b	clow any				
foreign applications(s) for paten					_		-		e United				
States of America filed by me on PRIOR FOREIGN/PCT APPL						hich prio	nity is claime	ed:					
COUNTRY		PPLICATION NUMBER		DATE OF FILING									
(7 PCT, indicate PCT)				(day morth year)			YES YES	NUER SOUSC ST	NO				
·							YES		NO				
							YES		NO				
				<u></u>			,						
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:													
PRIOR PROVISIONAL APPL	ICATION(S) AN	D ANY PRIORITY	Y CL	AIMS UNDER 35 U.S.C.	. §119 (e):								
PROVISIONAL A	PPLICATION NUMBER		H	· · · · · · · · · · · · · · · · · · ·	FILING D	ATE							
													
I hereby claim the benefit under I the United States of America that	Title 35, United S	tates Code, §120 of	any p	rior United States applicat	ion(s) or PC	Γ interna	tional applic	ation(s) d	esignating				
prior applications(s) in the mann	er provided by th	e first paragraph of	Title	35, §112, I acknowledge	the duty to d	lisclose t	to the U.S. F	atent &]	rademari				
Office all information known to between the filing date of the price							§1.56, whic	h became	available				
PRIOR US APPLICATIONS C 35USC§120:	OR PCT INTERN	IATIONAL APPLI	CAT	ONS DESIGNATING T	HE U.S FO	R BENE	FIT UNDE	₹					
4.72	U.S. APPL	CATIONS				STA	TUS (Check or	ie)					
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PCT APPLICATIONS DESIGNATING THE U.S.													
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Combined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY D 81407NAB											
POWER OF ATTORNEY: As a named inventor, I hereby app int the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to pr secute this application and transact all business in the Patent and Trademark Office c nnected therewith.											
Se	nd Correspo	ondence to:	1 C4-	œ	Direct Telepho						
Patent Legal Sta Eastman Kodak 343 State Street Rochester, NY				Company	Nelson A. (716) 588-2	Nelson A. Blish (716) 588-2720 FAX: (716) 477-4646					
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N						
2	INVENTOR	CITY		Roger STATE OR FOREIGN COUNTRY		S. COUNTRY OF CITIZENSHIP					
٥	RESIDENCE & CITIZENSHIP	Brockport		New York 14420 USA	USA	USA					
1	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Rochester		STATE & ZIP CODE (COUNTRY) New York 14650 USA					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N	AME					
	RESTDENCE &	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP					
2	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N	SECOND GIVEN NAME					
٥	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITI	COUNTRY OF CITIZENSHIP					
3	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF PAMILY NAME			FIRST GIVEN NAME	SECOND GIVEN N	SECOND GIVEN NAME					
0	RESIDENCE & CITY			STATE OR FOREIGN COUNTRY	COUNTRY OF CITI	COUNTRY OF CITIZENSHIP					
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODI	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N	SECOND GIVEN NAME					
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITI	COUNTRY OF CITIZENSHIP					
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N	AME					
,	RESIDENCE & CITIZENSHIP	стү		STATE OR FOREIGN COUNTRY	COUNTRY OF CITI	COUNTRY OF CITIZENSHIP					
6 BUSINESS ADDRESS ADDRESS				CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 203											
DATE					DATE						
6-11-01											
SIGNATURE OF INVENTOR 204			SIGNATURE	OF INVENTOR 205	SIGNATURE OF INVENTOR 206						

DATE

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